



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company
Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. ID No. 000994363

2. Exact Name of the Limited Liability Company Jo-Ann Stores, LLC

3. State of Formation

State: OH

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 44-45

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

RETAIL SALES OF FABRICS AND CRAFTS

5. Principal Office Address

No. and Street: 5555 DARROW ROAD
ATTN: V.P., TAX

City or Town: HUDSON State: OH Zip: 44236 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: EDWARD A. WEINSTEIN Contact Title: VICE PRESIDENT, TAX

No. and Street: 5555 DARROW ROAD
ATTN: TAX DEPT.

City or Town: HUDSON State: OH Zip: 44236 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	TODD PURDY	11111 SANTA MONICA BOULEVARD, SUITE 2000

		LOS ANGELES, CA 90025 USA
MANAGER	JILL SOLTAU	5555 DARROW ROAD HUDSON, OH 44236 USA
MANAGER	JOHN YOON	11111 SANTA MONICA BOULEVARD, SUITE 2000 LOS ANGELES, CA 90025 USA
MANAGER	DARRELL WEBB	5555 DARROW ROAD HUDSON, OH 44236 USA
MANAGER	JONATHAN SOKOLOFF	11111 SANTA MONICA BOULEVARD, SUITE 2000 LOS ANGELES, CA 90025 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 20 Day of October, 2016 at 11:54:46 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By EDWARD A. WEINSTEIN
Signature of Authorized Person

Form No. 632
Revised 09/07

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